

Utah Medicaid Brand Over Generic Reference

Effective February 1, 2019

	Preferred Brand	Date		Non Preferred Generic	Date
B	Actiq	^	G	fentanyl loz	^
B	Adcirca	09/01/18	G	tadalafil	09/01/18
B	Aggrenox	^	G	aspirin/extended-release dipyridamole	^
B	Albenza	10/01/18	G	albendazole	10/01/18
B	Alphagan P 0.15%	^	G	brimonidine tart 0.15%	^
B	Ampyra	10/01/18	G	dalfampridine	10/01/18
B	Ancobon	^	G	flucytosine	^
B	Asacol	01/01/19	G	mesalamine 800mg	01/01/19
B	Benicar	01/01/19	G	olmesartan	01/01/19
B	Bicnu	10/01/18	G	carmustine	10/01/18
B	Biltricide	^	G	praziquantel	^
B	Brisdelle	^	G	paroxetine 7.5mg	^
B	Buphenyl	^	G	sodium phenylbutyrate	^
B	Butrans	^	G	buprenorphine patch	^
B	Canasa	01/01/19	G	mesalamine sup	01/01/19
B	Cellcept sus	^	G	mycophenolate sus	^
B	Cleocin-T pad	01/01/19	G	clindamycin pad	01/01/19
B	Clobex	^	G	clobetasol	^
B	Concerta	^	G	mph ER osmotic release	^
B	Copaxone 20mg	^	G	glatiramer 20mg	^
B	Coreg CR	^	G	carvedilol ER	^
B	Coumadin	^	G	warfarin	^
B	Crestor	^	G	rosuvastatin	^
B	Desoxyn	^	G	methamphetamine	^
B	Diastat	^	G	diazepam rectal gel	^
B	Differin gel, lot	^	G	adapalene gel, lot	^
B	Diovan [#]	01/01/19	G	valsartan	01/01/19
B	Dovonex crm	^	G	calcipotriene crm	^
B	Elidel	01/01/19	G	pimecrolimus	01/01/19
B	Emend cap*	01/01/19	G	aprepitant cap*	01/01/19
B	Epclusa*	12/01/18	G	sofosbuvir/velpatasvir*	12/01/18
B	Evoclin	^	G	clindamycin foam	^
B	Exelon patch	^	G	rivastigmine patch	^
B	Exforge HCT	^	G	amlodipine/valsartan/hctz	^
B	Fareston	02/01/19	G	toremifene	02/01/19
B	Fazaclo	^	G	clozapine ODT	^
B	Felbatol	09/01/18	G	felbamate	09/01/18
B	Finacea gel	12/01/18	G	azelaic acid gel	12/01/18
B	Flagyl 375mg	^	G	metronidazole 375mg	^
B	Focalin	^	G	dexmethylphenidate	^
B	Focalin XR	^	G	dexmethylphenidate ER	^
B	Forfivo XL	10/01/18	G	bupropion 450mg ER	10/01/18
B	Fosrenol	^	G	lanthanum	^
B	Gabitril	^	G	tiagabine	^
B	Gleevec	^	G	imatinib	^
B	Glyset	^	G	miglitol	^

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B	Harvoni*	12/01/18	G	sofosbuvir/ledipasvir*	12/01/18
B	Hepsera	^	G	adefovir	^
B	Intermezzo	11/01/18	G	zolpidem SL	11/01/18
B	Istalol	01/01/19	G	timolol once daily	01/01/19
B	Kadian	10/01/18	G	morphine ER cap	10/01/18
B	Kristalose	10/01/18	G	Lactulose packet	10/01/18
B	Lamictal ODT	^	G	lamotrigine ODT	^
B	Lialda	^	G	mesalamine 1.2g	^
B	Lotensin HCT	01/01/19	G	benazepril/hctz	01/01/19
B	Lotronex	^	G	alosetron	^
B	Lovaza	01/01/19	G	omega-3 acid ethyl esters	01/01/19
B	Luzu	08/01/18	G	luliconazole	08/01/18
B	Mephyton	11/01/18	G	phytonadione	11/01/18
B	Methergine tab	^	G	methylergonovine	^
B	Micardis	01/01/19	G	telmisartan	01/01/19
B	Micardis/HCT	^	G	telmisartan/hctz	^
B	Mitigare	01/01/19	G	colchicine cap	01/01/19
B	Namenda XR	^	G	memantine ER	^
B	Natroba	^	G	spinosad	^
B	Niaspan	^	G	niacin ER	^
B	Norvir	^	G	ritonavir	^
B	Onexton	09/01/18	G	clindamycin/bp 1.2/3.75%	09/01/18
B	Oracea	^	G	doxycycline 40mg	^
B	Oseni	^	G	alogliptin/pioglitazone	^
B	OxyContin	^	G	oxycodone ER	^
B	Parnate	^	G	tranylcypromine	^
B	Patanase	^	G	olopatadine	^
B	Prevacid Solutabs	^	G	lansoprazole ODT	^
B	Protopic	11/01/18	G	tacrolimus	11/01/18
B	Pulmicort 0.25/2ml, 0.5/2ml	^	G	budesonide sus	^
B	Rapaflo	12/01/18	G	silodosin	12/01/18
B	Rapamune	02/01/19	G	sirolimus sol	02/01/19
B	Reyataz	^	G	atazanavir	^
B	Riomet	09/01/18	G	metformin sol	09/01/18
B	Rocaltrol sol	^	G	calcitriol sol	^
B	Sabril	^	G	vigabatrin	^
B	Solodyn	^	G	minocycline ER	^
B	Sporanox sol	10/01/18	G	itraconazole sol	10/01/18
B	Suboxone	^	G	buprenorphine/naloxone	^
B	Sustiva	^	G	efavirenz	^
B	Symbyax	^	G	olanzapine/fluoxetine	^
B	Syprine	^	G	trientine	^
B	Taclonex oint	^	G	calcipotriene-betamethasone dip oint	^

Utah Medicaid Brand Over Generic Reference

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	Preferred Brand	Date		Non Preferred Generic	Date
B	Tamiflu	^	G	oseltamivir	^
B	Tegretol tab [#] , sol	^	G	carbamazepine tab, sol	^
B	Tigan	^	G	trimethobenzamide	^
B	Tobradex sus	^	G	tobramycin/dexamethasone sus	^
B	Tygacil	^	G	tigecycline	^
B	Urocit-K 5, 10	01/01/19	G	potassium citrate 5, 10mEq	01/01/19
B	Vagifem	^	G	estradiol vaginal tab	^
B	Verelan PM	^	G	verapamil ER	^
B	Voltaren gel	^	G	diclofenac gel	^
B	Vytorin	^	G	ezetimibe/simvastatin	^
B	Welchol	^	G	colexsevelam	^
B	Xeloda	^	G	capecitabine	^
B	Xenazine	^	G	tetrabenazine	^
B	Xopenex HFA	^	G	levalbuterol HFA	^
B	Zavesca	02/01/19	G	miglustat	02/01/19
B	Zetia	^	G	ezetimibe	^
B	Ziana	^	G	clindamycin/tretinoin	^
B	Zovirax oint	^	G	acyclovir oint	^
B	Zyclara	09/01/18	G	imiquimod 3.75%	09/01/18
B	Zytiga	12/01/18	G	abiraterone	12/01/18

Utah Medicaid Brand Over Generic Reference Explanations

Last Modified July 1, 2018

Explanations

Drug manufacturers have entered into rebate programs on many brand name products. This has resulted in Utah Medicaid receiving large rebates that make the cost of brand name drugs less expensive than their generic counterparts.

Utah Medicaid refers to the Pharmacy Practice Act, UCA 58-17b-606 (4) and (5) in relation to the above when determining coverage policy:

- (4) When a multisource legend drug is available in the generic form, the Department of Health may only reimburse for the generic form of the drug unless the treating physician demonstrates to the Department of Health a medical necessity for dispensing the nongeneric, brand-name legend drug.*
- (5) The Department of Health pharmacists may override the generic mandate provisions of Subsection (4) if a financial benefit will accrue to the state.*

This reference is a listing of brand name products that are favored over the generic equivalent. This list will be updated often and is subject to change at any time.

If a medication becomes unavailable from wholesalers or suppliers, a pharmacy may report the shortage to www.ashp.org/Drug-Shortages/Current-Shortages or www.accessdata.fda.gov/scripts/drugshortages/default.cfm. Once a shortage is confirmed, and posted by one of these sources, Medicaid will consider coverage modifications to accommodate the available medication options.

Utah Medicaid Brand Over Generic Reference Footnotes

Last Modified January 1, 2019

Symbols and Footnotes													
*	Clinical PA required PA Criteria Forms												
**	Clinical PA required in some cases - see specific PA criteria for details												
†	Brand Required Over Generic. Refer to Brand Over Generic (BOG) reference in the Resource Library												
‡	Quantity Limits Apply. Drug Criteria and Limits Attachment to the Pharmacy Manual												
#	May be filled for up to a 90-day supply Utah Medicaid 90-Day Supply Medication List												
##	Must be dispensed directly to the provider, not the patient												
^	Added to reference before dates were tracked												
^^	Part of more than one PDL drug class												
¶	Indicates that additional pertinent information can be found in the center area between preferred and non-preferred drugs												
J	Covered under the medical benefit using the appropriate J code												
Q	Covered under the medical benefit using the appropriate Q code												
§	Step Therapy required. Must fail another preferred agent first												
§§	<p>Pursuant to HB 437, passed during the 2016 General Session, Utah Medicaid began placing psychotropic drugs on the Preferred Drug List (PDL) effective July 1, 2016. For the purposes of the Preferred Drug List, psychotropic medications are defined as atypical antipsychotics, anti-depressants, anti-convulsants/mood stabilizers, anti-anxiety medications, and attention deficit hyperactivity disorder (ADHD) stimulants. The first class that will be placed on the PDL in July will be ADHD stimulants with other classes being added in subsequent quarters.</p> <p>Non-preferred psychotropic medication classes listed on the PDL may bypass the non-preferred drug prior authorization if a prescriber writes "dispense as written" on a prescription and the pharmacy submits a Dispense As Written (DAW) Code of "1" on the claim.</p> <p>Note: In accordance with UCA 58-17b-606 (4) and (5), the DAW Code will not allow claims for the brand-name version of multisource drugs to bypass the prior authorization requirement, even if the brand-name version of the drug is listed as non-preferred and the prescriber writes "dispense as written" on the prescription. An exception to this is in the case that a brand-name drug is listed on the Brand Over Generic reference; in that case, the DAW Code will only override the brand-name drug.</p> <p>Note: In order for a prescription to be eligible for the pharmacy to submit the DAW Code of "1" to bypass the edit for a non-preferred medication the prescriber must write "dispense as written" on the physical prescription. Check boxes or pre-printed forms that include "dispense as written" are not acceptable substitutes for the prescriber writing "dispense as written" on the prescription. Electronic prescriptions must state "dispense as written" as either a note or as part of the prescription drug order to satisfy this requirement. Verbal orders that include "dispense as written" must be reduced to writing on the prescription by the pharmacist accepting the verbal order and documented in the member's medical record.</p>												
***	<p>The following meter NDCs are covered through Medicaid:</p> <table> <tr> <td>Abbott</td><td>True Metrix</td></tr> <tr> <td>99073-0711-43</td><td>56151-1490-02</td></tr> <tr> <td>99073-0709-14</td><td>56151-1470-02</td></tr> <tr> <td>99073-0708-05</td><td>56151-0888-80</td></tr> <tr> <td>57599-8814-01</td><td></td></tr> <tr> <td>57599-5175-01</td><td></td></tr> </table> <p>Abbott meters may also be billed to the manufacturer using the following:</p> <p>RxBIN: 610020 Group number: 99992432 ID: ERXUTMED Free for Medicaid members</p> <p>Diabetic test supplies are not covered for Nursing Home clients.</p> <p>Non-preferred products must be billed through DME.</p>	Abbott	True Metrix	99073-0711-43	56151-1490-02	99073-0709-14	56151-1470-02	99073-0708-05	56151-0888-80	57599-8814-01		57599-5175-01	
Abbott	True Metrix												
99073-0711-43	56151-1490-02												
99073-0709-14	56151-1470-02												
99073-0708-05	56151-0888-80												
57599-8814-01													
57599-5175-01													

Utah Medicaid Brand Over Generic Reference Key

Last Modified August 1, 2018

Key			
Selected Abbreviations			
Drug Name		Dosage Form	
amph	amphetamine	aug	augmented
apap	acetaminophen	cap	capsule
asa	aspirin	chw	chewable
bac	bacitracin	con	concentrate
bp	benzoyl peroxide	crm	cream
but	butalbital	emul	emulsion
caf	caffeine	inj	injection
damp	dextroamphetamine	liq	liquid
dhe	dihydroergotamine	lot	lotion
dmph	dexmethylphenidate	loz	lozenge
ee	ethinyl estradiol	neb	nebulization solution
hc	hydrocortisone	ODT	orally disintegrating tablet
hctz	hydrochlorothiazide	oint	ointment
ibu	ibuprofen	shmp	shampoo
mph	methylphenidate	SL	sublingual
NaHCO ₃	sodium bicarbonate	sol	solution
poly	polymyxin	sup	suppository
sa	sulfacetamide	susp	suspension
ss	sodium sulfacetamide	syp	syrup
tac	triamcinolone	tab	tablet
Brand/Generic		Salt Form	
B	Brand	buty	butyrate
BG	Both Brand and Generic	dip	dipropionate
G	Generic	HCl	hydrochloride
		mag	Magnesium
		Na	sodium
		NaPO ₄	sodium phosphate
		pam	pamoate
		str	Strontium